

# Virginia Department of Health (VDH)

## Division of Disease Prevention (DDP)

### Monthly Ebulletin



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April 2017 Edition

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#### Opioid Addiction Indicator Dashboard Now Online

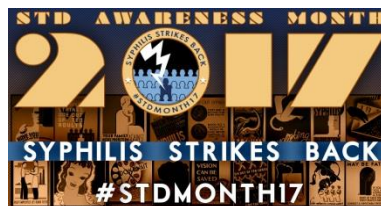
VDH collaborated on a recent dashboard on indicators for opioid addiction which is now posted on the VDH [website](#). These data include information on opioid overdose deaths, emergency room visits related to opioid overdoses, number of positive responses to Naloxone administration, diagnoses of neonatal abstinence syndrome, and new diagnoses of HIV and hepatitis C (HCV). This dashboard was created in response to [HB 2317](#), recent legislation passed in Virginia to provide harm reduction programming, including distribution of sterile syringes and needles, disposal of used syringes and needles, and addiction treatment education, to help prevent HIV and HCV infection due to injection drug use. The dashboard can be viewed from the state, regional, or county/city level to see the indicators for opioid addiction in a particular area of interest. For questions about the dashboard, please contact [VDH\\_Epi\\_Comments@vdh.virginia.gov](mailto:VDH_Epi_Comments@vdh.virginia.gov).

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#### STD Awareness Month

The United States is experiencing the [highest numbers of syphilis cases](#) in over 20 years. Rates are on the rise in men, women, newborns, most age groups, all regions, and almost every race/ethnicity. In Virginia, the number of reported syphilis cases increased 40% between 2015 and 2016.

- **Men who have sex with men** (MSM) are experiencing rates of syphilis not seen since before the HIV epidemic. In Virginia in 2015, 90% of reported cases of syphilis were among men; three out of four cases of reported syphilis were among MSM. Half of MSM who have syphilis also have HIV. Sexually active MSM should be tested for syphilis every three months.
- **Women** accounted for one in every ten syphilis cases in 2015. Between



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#### VDH Messages

To ensure you receive e-mail messages, such as the DDP E-Bulletin or announcements about funding opportunities, please check that important DDP contacts (such as your contract monitor) are in your address book so that their e-mails are not sent to your spam or

2011 and 2015, an average of two cases of congenital syphilis was diagnosed in Virginia annually. In 2016, at least seven cases were diagnosed. Pregnant women should be tested for syphilis in the first trimester, third trimester, and again at delivery.

The recent rise of syphilis highlights its ability to affect many communities at anytime and anywhere. [Learn how you can disrupt syphilis!](#)

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### Virginia HIV Prevention Summit Coming Soon!

On May 3-4, DDP will convene the 2017 Virginia HIV Prevention Summit: Advances in Testing and New Opportunities for Ending the Epidemic, in Charlottesville, Virginia. Due to space limitations, ideal attendees will be notified. These attendees will include local health department (LHD) and community-based organization (CBO) staff responsible for HIV testing. The conference will feature presentations and workshops on a variety of topics related to HIV testing, as well as health and wellness activities and opportunities for networking with health department and community colleagues from across the Commonwealth. Please direct questions related to the Summit to [Chrissy Schlegel](#) at (804) 864-8208.

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### PrEP Financing and Access

Pre-exposure prophylaxis (PrEP) is quickly becoming a popular HIV prevention tool. Many clients that are interested in PrEP, however, state that the cost associated with accessing PrEP is a concern. To help alleviate these concerns, there are several options available to agencies and partners throughout the state.

The National Alliance of State and Territorial AIDS Directors (NASTAD) are hosting a series of webinars on PrEP financing and access. These webinars will run from April through October and include the following topics: PrEP Drug Assistance Programs, PrEP Provider Network Engagement, Pharmacy-Based Delivery Models for PrEP, Community Health Center Models for PrEP, Ryan White HIV/AIDS Program Providers and PrEP, 340B Financing for PrEP in STD Programs, and Evaluation of PrEP Access Through Claims and EHR Data. Interested parties can register for the webinar series [online](#).

DDP is also funding a series of PrEP Clinics throughout Virginia that offer PrEP to presenting clients at-risk for HIV. PrEP is offered to these clients at no cost. Current participating PrEP Clinics include the Inova Juniper Program, the Richmond City Department of Health, the Norfolk Department of Health, the Petersburg Department of Health, and the Lenowisco Health District. The Hampton Health District is preparing to offer PrEP very soon. For more information on the PrEP Program at VDH, contact [Eric Mayes](#), PrEP Coordinator.

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### AIDS Drug Assistance Program Changes Coming Soon

junk folders. Check those folders regularly to see if you have missed messages.

### ADAP Enrollment Numbers as of 3/14/17

- Total Clients Enrolled: 6,317
- Direct ADAP Clients: 1,464
- Medicare Part D Assistance Program (MPAP) Clients: 587
- Insurance Continuation Assistance Program (ICAP) Clients: 556
- Health Insurance Marketplace Assistance Program (HIMAP) Enrollment Clients: 3,710

### 2017 HIMAP Enrollment Numbers

- Re-enrolled for 2017 (have all information): 3,009
- New Enrollments for 2017: 559
- Enrolled in ACA in 2016(no 2017 information): 250

### Hepatitis C/HIV Treatment Assistance Program Numbers

- Total Clients that have Accessed Program: 82
- Clients that have Completed Therapy: 66
- Clients Currently on Treatment: 10

### ADAP Listserv

To request to be added to the ADAP Listserv to receive updates, please contact [Carrie Rhodes](#) at (804) 864-7914.

### HIV Pre-Exposure Prophylaxis (PrEP)

- Clients Currently on VDH

VDH will be making changes to Ryan White Part B (RWPB) eligibility and recertification procedures for the AIDS Drug Assistance Program (ADAP) services over the next few months. These changes will address some of the findings in the recent Health Resources Services Administration comprehensive site visit for the RWPB program in Virginia, and ensure that the program is in compliance with the eligibility and recertification requirements spelled out in RW legislation.

Information will be shared through a variety of mechanisms including e2Virginia, Ramsell, Central Pharmacy, secure email, secure faxlistservs, and VDH's E-Bulletin. VDH will also share information about the RW program and eligibility processes during public meetings, including the Community HIV Planning Group, ADAP Advisory Committee, Quality Management Advisory Committee (QMAC), Quarterly Contractors, Part A Planning Council, and the Consumers Advisory Committee.

**Please be on the lookout for communications regarding ADAP changes, and the action steps needed from partners to help DDP collectively ensure that clients are eligible for RWPB services and documentation is up to date.**

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### Request for Proposals Released

The HIV Prevention and HIV Care Services Units have released the Request for Proposal (RFP) for The Comprehensive HIV/AIDS Resources and Linkages for Inmates (CHARLI). VDH will accept proposals until Friday, May 5 at 2pm. CHARLI is a continuum of care program including HIV /STI education and HIV testing for inmates preparing for release and pre and post release case management services for 18 months after release from incarceration. This is a statewide funding opportunity.

The RFP can be located [online](#). Once on this page click on "Solicitations, Quick Quotes, & Awards," and then enter **VDH-17-611-0143** into the "Keyword Search," input box. Questions may be directed to either [Susan Carr](#) or [Nancy Sconzo](#).

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### Minority AIDS Initiative Update

HIV Care Services currently provides funding to two agencies through RWPB legislation for Minority AIDS Initiative (MAI) services. Care Services is interested in funding an additional agency that can provide MAI services in Latino communities in Northern Virginia. The goal of MAI services is to increase racial and ethnic minority enrollment in ADAP or another medication access program. Blacks/African-Americans, Hispanics/Latinos, Asians, Native Hawaiians, American Indians, and persons of more than one race who are low-income and uninsured are eligible to receive services through these funds. Agencies with MAI funding can only provide outreach and education activities that result in increased enrollment in ADAP or other medication access programs to minority populations with this funding. VDH requires MAI-funded agencies to report monthly on the number and demographics of clients served that are enrolled into a medication access program.

For additional information, please contact [Mary Browder](#), Lead HIV Services

PrEP Drug Assistance  
Program: 89

- [PrEP Services Locator](#)

### The Community Advancement Project (CAP)

The Community Advancement Project (CAP) meets regionally as an advisory board to assess needs of gay and bisexual men and transgender women of color. CAP has worked to identify health needs including mental health, awareness of PrEP, substance abuse, domestic violence, perceptions of LGBT persons of color in the media, health testing, stigma, access to treatment, and more. If you would like to participate or receive more information, please contact [Joshua Thomas](#).

### Stay Connected!

Check out upcoming events on the DDP [HIV Prevention webpage](#). You can request to have your own events added to the calendar and our Facebook page through the Event Submission Form, located on the events page under the events calendar.

For those using a compatible web browser, you may also download the [Event Submission Form](#) directly and submit it following the directions at the bottom of the sheet. "Like" our DDP [Facebook page](#) and share it with your friends to stay connected socially and hear about events throughout the state.

Coordinator, at (804) 864-7199.

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## Greater Than AIDS PrEP Campaign Launches



The Virginia Greater Than AIDS (GTA) team will be launching a consumer PrEP campaign this month. The campaign will be focused in the Virginia Beach-Norfolk-Newport News (VBNN) MSA to coincide with PS15-1506 Project PrIDE; however, some materials will be available for use statewide.

The Virginia GTA page has been updated to include a [PrEP page](#) for the state. In addition, a separate [page](#) that is specific to the VBNN MSA has been created with local resources for consumers. Both pages include 28 FAQs, links to a provider locator, and videos featuring PrEP clients. Campaign implementation will begin with banner and video ads for the [#AskTheHIVDoc](#) series.

Soon the VBNN MSA will have transit, billboard, radio, television, and more digital advertisements placed that direct consumers/users to the GTA page and let them know that there is a pill that prevents HIV. For more information on the PrEP campaign and available resources, please contact [Chris Barnett](#), Social Media Coordinator.

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## PrEParing Black Women: Sharing the latest HIV Prevention Option

Over 6,430 women were living with HIV in Virginia as of December 31, 2015, of whom 74% were Black according to the 2016 Virginia HIV Epidemiology Profile. The proportion of women living with HIV that are Black in Virginia is significantly higher than the national average of 60%. With these alarming statistics, it is imperative that we inform women about all HIV prevention tools and options.

According to VDH's Sisters Promoting HOPE Initiative, it is important to empower Black women by sharing HIV prevention options including information on PrEP. While PrEP has been proven effective, many Black women do not know much about PrEP or are unaware of its existence. While the number of new cases of HIV has declined over the years, it is estimated that one in 54 Black women will still become infected with HIV in her lifetime. Basic information you can share with Black women on PrEP includes, but is not limited to:

- **PrEP is not just for men.** It works well for women, too. Women need to take the daily pill for at least 21 to 28 days to build up protection in the vaginal tissue.
- **Negotiation is not needed.** Your partner doesn't even have to know you are taking the pill.

- **The risk of side effects is low.** You may experience nausea, vomiting, fatigue or dizziness during the first week or two.
- **You must have a prescription for PrEP.** You must see a health care provider who will discuss PrEP and its benefits with you before prescribing the medication.
- **You must be HIV negative in order to start PrEP.** An HIV test will be required initially and at an appointment every three months thereafter. Seeing your doctor regularly once on PrEP is important.
- **Condoms should be used with PrEP for maximum protection.** PrEP doesn't prevent other sexually transmitted infections.
- **PrEP is not for everyone.** Talk openly and honestly with your health care provider about PrEP. Learn as much about PrEP as possible and make the best decision for you. If you start PrEP, it doesn't mean you have to take PrEP for the rest of your life.

For more information about PrEP, Virginia's PrEP program, or to locate other PrEP providers, visit the [DDP PrEP page](#) or contact the Disease Prevention Hotline at (800) 533-4148.

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### Data to Care Expansion

DDP continues to expand the Data to Care (DtC) program, which utilizes HIV surveillance data to generate lists of persons potentially out of care, to link or reengage these persons back into HIV medical care. Linkage staff from 25 LHDs, CBOs, and medical facilities across Virginia has been trained on the DtC protocol and are currently following up with out-of-care clients. From the information received from these agencies on 327 clients to date, 7% were not in care, 46% were in care, 23% were unable to be located, 13% had relocated out of state, 4% were deceased, 2% were incarcerated, and 5% were "other" outcomes. Of the 21 persons not in care, 68% have reengaged in care after follow-up, 9% were referred to care, and 23% refused care. DtC continues to be a successful collaborative program within DDP. For additional information about becoming involved with the DtC Program, please contact [Amanda Saia](#).

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### Ryan White Planning Council Representatives Selected

The Mayor of Norfolk appointed HIV Services Coordinator **Lenny Recupero** as the State Government-Agency Administering Part B member of the Greater Hampton Roads HIV Health Services Planning Council. Lenny will represent the RWPB program in its collaborative efforts to coordinate and enhance HIV services across the RW Part A Transitional Grant Area (TGA) in the Eastern region of Virginia.

The Mayor of the District of Columbia (DC) appointed HIV Services Planner **Renate Nnoko** as the RWPB member of the Washington, DC RW Eligible Metropolitan Area (EMA) Planning Council, which oversees RW Part A service delivery for DC, Maryland, West Virginia, and Northern Virginia. Renate will work with RW consumers, agencies, funders, and providers across the EMA to promote and improve regional service delivery of RWPB programs.

For additional information, please contact [Mary Browder](#), Lead HIV Services Coordinator, at (804) 864-7199.

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### Home Testing Program Eligibility Change

All men, not just MSM, are now eligible to receive an in-home test kit through the DDP Home Testing Program. Individuals must complete an on-line survey to receive a test. Additionally, men who currently use PrEP are no longer disqualified; they will, however, be notified during the survey that the in-home test kit is not a replacement for the regular HIV testing required to maintain their prescription.



The updated survey can be found [here](#).

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### Quality Management Update

VDH, with the support and guidance of the Statewide RW Cross-Parts QMAC, has launched the Virginia Quality of Care Consumer Advisory Committee (VACAC) as of March 3, 2017. The mission of the VACAC is to establish a sustainable partnership with providers to incorporate the perspectives of consumers into the QM process. The VACAC works to ensure that consumers have input into the creation, development, and implementation of all its related health care services and policies. VACAC will engage, educate, and bring together consumers through a variety of activities that support health prevention and care. Mark Baker and Thomas Womack were selected as co-chairs.

Mark Baker participated in and helped organize the National Quality Center-sponsored Training of Consumers in Quality in June 2016, with over 100 consumers in attendance. Mark demonstrated great leadership in his previous role as the DtC Linkage Coordinator at VDH. Thomas Womack is involved as a Peer Coach at the Medical Associates in Lynchburg, Virginia.

VACAC will provide an opportunity to discuss various aspects of the skills that consumers need to be active participants in a recipient and sub-recipient QM program. Additionally, VACAC will assist recipients and sub-recipients to gain a better understanding of the needs of consumers. For information on VACAC, please contact [Thomas Womack](#) at (434) 483-4889, or [Safere Diawara](#) at (804) 864-8021.

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### Trojan Magnums Added to the Condom Program

Interested in free condoms for your organization to distribute? Health districts and community partners are eligible for the VDH Condom Distribution Program. Trojan



Magnums are now on our regular order [form](#).

Organizations may order up to 25,000 condoms each quarter (100,000 a year), and those with multiple sites may be approved to order more. Female condoms and non-latex condoms are also available. For more information, please contact [Beth Marschak](#) at (804) 864-8008.

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## PERSONNEL

### Welcome

SODA welcomes **Sadie Adkins** as a data entry operator in the STD Surveillance and Epidemiology unit, focusing on entering syphilis reports. She most recently worked at Rite Aid as a Pharmacy Technician. Contact Sadie at [sadie.adkins@vdh.virginia.gov](mailto:sadie.adkins@vdh.virginia.gov) or (804) 864-7221.



**Dzhuliyana Handarova** joins DDP as a part-time data entry operator in the STD Surveillance and Epidemiology unit, focusing on entering chlamydia and gonorrhea labs. Dzhuliyana is currently a junior studying Health Science at VCU. Contact her at [dzhuliyana.handarova@vdh.virginia.gov](mailto:dzhuliyana.handarova@vdh.virginia.gov) or (804) 864-8036.

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### Congratulations



Congratulations are extended to **Felencia McGee** on her promotion to the position of Clinical (Expanded) Testing Program Coordinator, effective March 10. Felencia originally joined VDH in 2011, and has served in both STD and HIV surveillance positions prior to her most recent role as the Expanded HIV Testing contract monitor. Her academic resume includes three health-related degrees: Bachelor of Science in Community Health Education, Master of Science in Health Education & Promotion, and Doctorate in Health Administration. Her new duties will include coordination of testing and counseling activities for clinical sites, including expansion of routine testing in medical settings, and facilitation of DDP's third party billing contract for HIV testing services. Felencia will continue to provide technical assistance to clinical testing contractors and community partners. Felencia can be reached at [felencia.mcgee@vdh.virginia.gov](mailto:felencia.mcgee@vdh.virginia.gov) or (804) 864-7987.

Please welcome **Denise Artis** as the new HIV Case Surveillance Epidemiologist. Denise has been with DDP for seven years where she has worked as the Routine Interstate Duplicate Review Coordinator and a data support staff member. She has a Bachelor of Science in Human Services and is currently pursuing a Master of Science



in Health Education and Promotion. Prior to joining VDH, Denise worked in the private sector. She can be reached at [denise.artis@vdh.virginia.gov](mailto:denise.artis@vdh.virginia.gov) or (804) 864-7356.

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## Farewell



DDP bid farewell to **Mark Baker**, DTC Linkage Coordinator, on March 28. Mark did an excellent job moving DTC activities forward and linking out-of-care clients back into HIV medical care, and was a valued member of the HIV surveillance team. We wish him well in his future endeavors!

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## Personnel Spotlight: Meet the Viral Hepatitis Prevention Team

The Policy, Planning & Communications unit within the STD Surveillance, Operations & Data Administration (SODA) program began overseeing the viral hepatitis prevention program in October 2016. Recent changes to the hepatitis prevention landscape nationwide emphasize policy initiatives and system-level interventions to prevent transmission and diagnose and treat those who are infected with HCV. Additionally, emphasis is placed on surveillance and other data sources to identify geographic areas vulnerable to an HCV/HIV outbreak similar to the one in Scott County, Indiana. One such policy intervention is the comprehensive harm reduction (HB 2317) bill that will become law in Virginia effective July 1, 2017. Nationally, one quarter of people who inject drugs become infected with HCV within two years of initiating injection drug use.

A major role of the Viral Hepatitis Prevention team is coordinating Virginia's Viral Hepatitis Testing Program. Risk-based hepatitis B (HBV) and HCV screening is currently conducted at no charge to patients with a conventional blood draw at specific LHDs, and using HCV rapid tests at non-clinical CBOs and drug treatment centers (DTCs). Plans are underway to scale up both conventional and rapid testing in 2017 through building on existing partnerships and developing new affiliations so testing is accessible to all those at risk.

**Ashley Carter**,  
*Manager of Policy, Planning, and Communications*  
(including viral hepatitis prevention). Ashley oversees health department HBV/HCV and community-based HCV and sexually transmitted disease testing programs and the Viral Hepatitis Prevention team. Contact Ashley at [ashley.carter@vdh.virginia.gov](mailto:ashley.carter@vdh.virginia.gov) or (804) 864-8042.





**Rachel Culp**, *Viral Hepatitis Epidemiologist*. Rachel started her role in November 2016 under a new CDC cooperative agreement, “Improving Hepatitis B and C Care Cascades.” Initiatives she is working on include providing technical assistance and building capacity in federally-qualified health centers for hepatitis testing, and the completion of a Situational Analysis to provide a better understanding of Virginia’s HBV/HCV burden and the capacity to increase testing and linkage to care services. Contact Rachel at [rachel.culp@vdh.virginia.gov](mailto:rachel.culp@vdh.virginia.gov) or (804) 864-7992.

**Emily Cothran**, *Health Promotion Coordinator*. Emily monitors hepatitis contracts with CBOs and DTCs, manages invoicing for lab services, and oversees procurement of testing supplies. Contact Emily at [emily.cothran@vdh.virginia.gov](mailto:emily.cothran@vdh.virginia.gov) or (804) 864-7289.

**Jay Melton**, *Viral Hepatitis Prevention Technician*. Jay receives and enters HBV/HCV testing data from sites statewide and ensures they are accurate and complete. He is also accessible to testing sites for programmatic technical assistance and maintains a referral directory of clinical sites providing HCV treatment. Contact Jay at [ben.melton@vdh.virginia.gov](mailto:ben.melton@vdh.virginia.gov) or (804) 864-7559.

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